

UNITED STATES
SECURITIES AND EXCHANGE COM
Washington, D.C. 20549

co**ORIGINA**

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden

hours per form 16.00

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



							010.000
Name of Offering	•	an amendment and name h	as changed, and indi	icate cl	nange.)	**************************************	
	eck box(es) that apply	/): □ Rule 504	☐ Rule 505	X	Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	🗷 New Filing	☐ Amendment					
		A. BASIC	IDENTIFICATION	ON DA	TA		
1. Enter the info	rmation requested ab	out the issuer					
Name of Issuer	(□ check if this is	an amendment and name h	as changed, and indi	icate cl	nange.)		
Real D							
Address of Execu	tive Offices	(Number and Stre	et, City, State, Zip C	Code)	Telephone	Number (Including A	Area Code)
100 North Cresc	ent Drive, Suite 120.	Beverly Hills, CA 90210			(310) 385-4	1000	
Address of Princi	pal Business Operation	ons (Number and Stre	et, City, State, Zip C	Code)	Telephone	Number (Including A	Area Code)
(if different from	Executive Offices)						
							ROCECCED
Brief Description	of Business						
Developer of 3D	projection systems					<u>E</u> M	IAR 2 9 2007
Type of Business	Organization					7	T! (ON4OON)
		☐ limited partnership, alr	•		□ otl	ner (please specify):	MONISON
☐ business trust		☐ limited partnership, to	be formed			Ů,	FINANCIAL
			Month	ነ	'ear		
Actual or Estimat	ed Date of Incorporate	ion or Organization:	07	(03 🗷	Actual Esti	mated
Jurisdiction of Inc	corporation or Organi	zation: (Enter two-letter U CN for Canada; Fl	J.S. Postal Service al N for other foreign j			e: CA	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - · Each general and managing partner of partnership issuers.

	•			
Check Box(es) that Apply: Promo	ter Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual	l)			
Lewis, Michael V.				
	per and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·	
100 North Crescent Drive, Suite 120, I	Reverly Hills CA 90210			
Check Box(es) that Apply: Promo		⊠ Executive Officer	☑ Director	☐ General and/or
				Managing Partner
Full Name (Last name first, if individual	1)			
Greer, Joshua				
Business or Residence Address (Numb	per and Street, City, State, Zip Code)		
100 North Crescent Drive, Suite 120, I	Reverly Hills CA 90210			
Check Box(es) that Apply: Promo	•	☐ Executive Officer	☑ Director	☐ General and/or
				Managing Partner
Full Name (Last name first, if individual	1)			
Bellotti, Steve				
Business or Residence Address (Numb	per and Street, City, State, Zip Code)		
100 North Crescent Drive, Suite 120, I	Reverly Hills, CA 90210			
Check Box(es) that Apply: Promo		☐ Executive Officer	☑ Director	☐ General and/or
				Managing Partner
Full Name (Last name first, if individual	1)	•		
Budinger, William M.				
Business or Residence Address (Numb	per and Street, City, State, Zip Code)		
100 North Crescent Drive, Suite 120, I	Beverly Hills, CA 90210			
Check Box(es) that Apply: Promote		☐ Executive Officer	☑ Director	☐ General and/or
				Managing Partner
Full Name (Last name first, if individual	1)			
Royer, Steve				
Business or Residence Address (Numb	per and Street, City, State, Zip Code)		
100 North Crescent Drive, Suite 120, I	Beverly Hills, CA 90210			
Check Box(es) that Apply:			☐ Director	☐ General and/or
		· · · · · · · · · · · · · · · · · · ·		Managing Partner
Full Name (Last name first, if individual	1)			
Skarupa, Andrew				
Business or Residence Address (Numb	per and Street, City, State, Zip Code)		-
100 North Crescent Drive, Suite 120, I	Beverly Hills, CA 90210			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Peixoto, Joseph					
Business or Residence Addr	ess (Number an	d Street, City, State, Zip Code)			
100 North Crescent Drive,	Suite 120, Bever	ly Hills, CA 90210			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Lipton, Lenny			,		
Business or Residence Addr	ess (Number and	d Street, City, State, Zip Code)			
100 North Crescent Drive,	Suite 120, Bever	ly Hills, CA 90210			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Archer, Rod					
Business or Residence Addr	ess (Number and	d Street, City, State, Zip Code)			
100 North Crescent Drive,	Suite 120, Bever	ly Hills, CA 90210			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Cowan, Matthew					
Business or Residence Addr	ess (Number and	d Street, City, State, Zip Code)			
100 North Crescent Drive,	Suite 120, Bever	ly Hills, CA 90210			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				-
Business or Residence Addr	ess (Number and	d Street, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip Code)			

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		X
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$N	/ A
3. Does the offering permit joint ownership of a single unit?	Yes	No X
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. None		
Full Name (Last name first, if individual)		
n/a		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		1 64-4
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]	l States
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[MO]	
[MI] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PA] [PR]	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	_	
(Check "All States" or check individual States)		States
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PA] [PR]	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	×	Ctatas
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]		States
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[MO]	
[MI] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

a c	Inter the aggregate offering price of securities included in this offering and the total amounterady sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering heck this box \square and indicate in the columns below the amounts of the securities offered for exchangend already exchanged.	g,				
Т	Type of Security	(Aggregate Offering Pric		Am	ount Alread Sold
D	Debt	\$_	0		\$	0
E	quity	\$_	50,000,000	<u>) </u>	\$	34,999,995
	☐ Common 🖾 Preferred					
C	Convertible Securities (including warrants)	\$_	0	_	\$ _	0
P	artnership Interests	\$_	00		\$_	0
C	Other (Specify)	\$_	00		\$_	0
	Total	\$_	50,000,000	<u>) </u>	\$	34,999,995
	Answer also in Appendix, Column 3, if filing under ULOE.					
o tl	Inter the number of accredited and non-accredited investors who have purchased securities in this and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their urchases on the total lines. Enter "0" if answer is "none" or "zero."					ggregate
	Accredited Investors		Number Investors	•	Of	ar Amount Purchases 4,999,995
	Non-accredited Investors			_		0
	Total (for filings under Rule 504 only)					<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.			_		
S	this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					
	Type of Offering		Type of Security		Doll	ar Amount Sold
	Rule 505		n/a	_ \$;	
	Regulation A		n/a	_	;	
	Rule 504		n/a	_ \$;	
	Total			_ \$	S	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$_		0
	Printing and Engraving Costs			\$		0
	Legal Fees			s _		0,000
	Accounting Fees			\$ _		0
	Engineering Fees			\$_		0
	Sales and Commissions (specify finders' fees separately)		_			0
	Other Expenses (identify)					0
	Total		_	_		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE	OF PROCEEDS		
5.	b. Enter the difference between the aggregate offering price in response to Part C – Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.			\$ <u>_</u>	19,950,000
	Salaries and fees		Payments to Officers, Directors, & Affiliates	\$_	Payments to Others
	Purchase of real estate		\$ <u>0</u>	S _	0
	Purchase, rental or leasing and installation of machinery and equipment		\$0	\$_	0
	Construction or leasing of plant buildings and facilities		\$0	\$_	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$0	S _	32,500,000
	Repayment of indebtedness	X	\$ <u>245,000</u>	\$_	0
	Working capital		\$0 <u></u> \	S _	17,205,000
	Other (specify):		\$0	\$_	0

Column Totals....

Total Payments Listed (column totals added).....

X \$ 245,000 X \$ 49,705,000

⋈ \$ 49,950,000

following signature constitutes an undertaking	signed by the undersigned duly authorized person. If this ng by the issuer to furnish to the U.S. Securities and Excha the issuer to any non-accredited investor pursuant to paragr	nge Commission, upon written re-
Issuer (Print or Type)	Signature	Date
Real D	1/1	March 7, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Andrew Skarupa	Chief Financial Officer	

— ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🗷
	See Annendix Column 5 for state response		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	///	
Issuer (Print or Type)	Signature	Date
Real D		March 7, 2007
Name (Print or Type)	Title (Print or Type)	•
Andrew Skarupa	Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 3 4								5
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ							1		
AR									
CA		X	Series C Preferred Stock (\$50,000,000)	1	\$34,999,995	-0-			Х
со									
СТ									
DE	_								
DC					-				
FL									
GA							<u> </u>		
НІ									
ID									
IL.									
lN	* **					-			
ΙA			, , , , , , , , , , , , , , , , , , , ,						
KS									
KY						-			
LA					·				
ME			····	-					
MD	1				 				
MA				•			···-	,	
МІ					···				
MN					-				
MS			-				· · · · · · · · · · · · · · · · · · ·		

APPENDIX

1	2	<u> </u>	3		4				5
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Under St (if yes explan waiver	ification ate ULOE , attach ation of granted) -Item 1)			
State	Yes	No		Number of Accredited Investors	(Part C-) Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО								100	110
MT									-
NE									
NV					 				
NH									
NJ					····				
NM		!							- :
NY					*" .				
NC									
ND									
ОН								···	
ОК									-
OR									
PA									
RI									
sc									·
SD							<u> </u>		*-
TN									
TX									
UT									
VT								· · ·	
VA									
WA		_							
wv									
WI									

				APPI	ENDIX						
1							Under St	5 lification ate ULOE			
	to non-a- investors	to sell ceredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and ex amount purchased in State wa (Part C-Item 2)							
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY]							
PR											

